

Request for Refund of Manufacturing/Wholesaling B&O Tax

To request a refund from the reclassification of income from the *manufacturing/wholesaling B&O tax classification* to the *slaughter, breaking, processing perishable meat-wholesale B&O tax classification*, complete and send this form to the Department of Revenue at the address noted below. Incomplete forms may delay your refund request. If you have any questions, please call 1-800-647-7706.

Date _____

Company Name _____

Tax Reporting Account Number _____

Mailing Address _____

Contact Person _____

City, State, Zip _____

Phone Number _____

▶ Did a Department of Revenue audit cover any period of this request? ☐ Yes ☐ No

▶ In the table below, list your refund request by each reporting period or combined reporting periods by calendar year.

▶ Return to: Department of Revenue
Refund Section
PO Box 47476
Olympia WA 98504-7476

Reporting Period	Perishable Meat Product Used	Product Sold	Tax Classification Reported Under	Taxable Amount Reported	Tax Paid @ .00484 (A)	Tax Due @ .00138 (B)	Difference to be Refunded (A-B)
e.g. Jan/2004 or Q1/2004 or CY/2004	Beef	Jerky	<input checked="" type="checkbox"/> Manufacturing	\$ 50,000.00	\$ 242.00	\$ 69.00	\$ 173.00
			<input type="checkbox"/> Wholesaling	\$	\$	\$	\$
			<input type="checkbox"/> Manufacturing	\$	\$	\$	\$
			<input type="checkbox"/> Wholesaling	\$	\$	\$	\$
			<input type="checkbox"/> Manufacturing	\$	\$	\$	\$
			<input type="checkbox"/> Wholesaling	\$	\$	\$	\$
			<input type="checkbox"/> Manufacturing	\$	\$	\$	\$
			<input type="checkbox"/> Wholesaling	\$	\$	\$	\$
			<input type="checkbox"/> Manufacturing	\$	\$	\$	\$
			<input type="checkbox"/> Wholesaling	\$	\$	\$	\$
▶ If more space is required, see reverse.							
					TOTAL (page 1)		

Print Name _____ Signature _____ Date ____/____/____

Request for Refund of Manufacturing/Wholesaling B&O Tax (Continued)

Company Name _____

Tax Reporting Account Number _____

Reporting Period	Perishable Meat Product Used	Product Sold	Tax Classification Reported Under	Taxable Amount Reported	Tax Paid @ .00484 (A)	Tax Due @ .00138 (B)	Difference to be Refunded (A-B)
			<input type="checkbox"/> Manufacturing	\$	\$	\$	\$
			<input type="checkbox"/> Wholesaling	\$	\$	\$	\$
			<input type="checkbox"/> Manufacturing	\$	\$	\$	\$
			<input type="checkbox"/> Wholesaling	\$	\$	\$	\$
			<input type="checkbox"/> Manufacturing	\$	\$	\$	\$
			<input type="checkbox"/> Wholesaling	\$	\$	\$	\$
			<input type="checkbox"/> Manufacturing	\$	\$	\$	\$
			<input type="checkbox"/> Wholesaling	\$	\$	\$	\$
			<input type="checkbox"/> Manufacturing	\$	\$	\$	\$
			<input type="checkbox"/> Wholesaling	\$	\$	\$	\$
			<input type="checkbox"/> Manufacturing	\$	\$	\$	\$
			<input type="checkbox"/> Wholesaling	\$	\$	\$	\$
			<input type="checkbox"/> Manufacturing	\$	\$	\$	\$
			<input type="checkbox"/> Wholesaling	\$	\$	\$	\$
			<input type="checkbox"/> Manufacturing	\$	\$	\$	\$
			<input type="checkbox"/> Wholesaling	\$	\$	\$	\$
			<input type="checkbox"/> Manufacturing	\$	\$	\$	\$
			<input type="checkbox"/> Wholesaling	\$	\$	\$	\$
Total (this page)					\$	\$	\$
Transfer Total(s) from other page(s)					\$	\$	\$
GRAND TOTAL					\$	\$	\$

► **Please make additional copies of this form as needed.**

For tax assistance, visit <http://dor.wa.gov> or call 1-800-647-7706. To inquire about the availability of this document in an alternate format for the visually impaired, please call (360) 705-6715. Teletype (TTY) users may call 1-800-451-7985.